

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- Complete all required fields (shown in **red***); otherwise, your request may be denied and require resubmission.
- In fields **3-6**, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name:*	7. Your Phone Number:
2. Your Email Address: *	8. Full Case Number (if applicable):
3. Receipt Agency Tracking ID:*	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">9. Fee Type:*</div> <div> <input type="checkbox"/> Attorney Admission <input type="checkbox"/> Civil Case Filing <input type="checkbox"/> Audio Recording <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus </div> </div>
4. Transaction Date:*	
5. Transaction Time:*	
6. Transaction Amount (Amount to be refunded):*	
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> ▪ For a duplicate charge, provide the correct receipt number in this field. ▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). 	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <div style="display: flex; align-items: flex-start; margin-left: 10px;"> <div style="margin-bottom: 5px;"><input type="checkbox"/> Approved</div> <div style="margin-bottom: 5px;"><input type="checkbox"/> Denied</div> <div><input type="checkbox"/> Denied — Resubmit amended application (see reason for denial)</div> </div>	
Approval/denial date:	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number:
Date refund processed:	Refund processed by:
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	